

BUSINESS RETURN OF TANGIBLE PERSONAL PROPERTY AND MACHINERY AND TOOLS

Fairfax County Department of Tax Administration, 12000 Government Center Parkway, Suite 223, Fairfax VA 22035

Phone: 703-222-8234 Fax: 703-324-3500 or 703-324-3505 Web Site: www.fairfaxcounty.gov/dta

2015

**Property reported on this form is not prorable.
FILE BY MAY 1, 2015 (See brochure for instructions)**

PLEASE ENTER INFORMATION BELOW:

OWNER NAME _____

TRADE NAME _____

MAILING ADDRESS _____ UNIT/SUITE # _____

CITY STATE _____ ZIP _____

DATE BUSINESS BEGAN
IN FAIRFAX COUNTY
/ /

NAICS CODE _____

DATE BUSINESS ENDED
IN FAIRFAX COUNTY
/ /

FEDERAL I.D./EMPLOYER ID# _____

FOR OFFICE USE ONLY

DATE RECEIVED _____

ACCOUNT NUMBER _____

CD/ PP LIC BDB
DISK

IF PRINTED INFORMATION ON THIS FORM IS INCORRECT OR INCOMPLETE, PLEASE UPDATE

BUSINESS LOCATION
ON JANUARY 1, 2015

ST NO. ST. NAME UNIT/SUITE # CITY/STATE ZIP

SCHEDULE 1 Report the total original cost by year of all personal property (except computer equipment listed in Schedule 2) owned and located in Fairfax County on January 1, 2015. Attach a detailed asset list.					PROPERTY NUMBER
YEAR PURCHASED	PROPERTY COST REPORTED IN 2014	PROPERTY COST BY YEAR OF PURCHASE ACQUIRED		TOTAL COST	VALUE
2014	DO NOT ALTER THIS COLUMN			80%	
2013				70%	
2012				60%	
2011				50%	
2010				40%	
2009				30%	
2008 & prior				20%	

SCHEDULE 2 Report the total original cost by year of all computer equipment owned and located in Fairfax County on January 1, 2015. Attach a detailed asset list.					PROPERTY NUMBER
YEAR PURCHASED	COMPUTER EQUIPMENT COST REPORTED IN 2014	COMPUTER COST BY YEAR OF PURCHASE ACQUIRED		TOTAL COST	VALUE
2014	DO NOT ALTER THIS COLUMN			50%	
2013				35%	
2012				20%	
2011				10%	
2010 & prior				2%	

Schedule 3: Leased Tangible Property: List below all operating leases for personal property leased or rented from others. Capitalized leases are to be reported on Schedule 1 or Schedule 2 depending on type of property. A copy of the lease agreement may be furnished in lieu of the listing. Attach a separate sheet if more space is needed. Please include Lessee's phone number in Address section below.

Name/Address/Phone of Owner	Start/End Dates	Description of Property	Original Cost	Purchase Option
				<input type="checkbox"/> Bargain (e.g.,\$1) buyout <input type="checkbox"/> Fair Market Value, other
				<input type="checkbox"/> Bargain (e.g.,\$1) buyout <input type="checkbox"/> Fair Market Value, other

It is a Class 1 misdemeanor for any person to willfully subscribe a return that he does not believe to be true and correct as to every material matter (Code of Va Sec. 58.1-11). Declaration: I declare that the statement and figures herein given are true, full and correct to the best of my knowledge and belief.

TAXPAYER'S SIGNATURE _____ TELEPHONE NO. _____
 PLEASE PRINT NAME _____ FAX NO. _____
 DATE _____ EMAIL _____

FAX
 MAIL
 OFFICE